Religious Accommodation Request Form

Your name:	_
Office:	_
Phone Number:	_
E-mail:	_
Today's Date:	
Supervisor:	
Date of Accommodation request:	
Requested accommodation (job change, schedule change, dress/appearance code exception, etc.):	
Length of time the accommodation is needed: Describe the religious belief or practice that necessitate	
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Describe any alternate accommodations that might add	ress your needs:
I have read and understand the General Assembly's poreligious beliefs and practices, which result in this requesincerely held. I understand that the accommodation rethat the company will attempt to provide a reasonable a undue hardship on the company. I understand that [Corsupporting documentation regarding my religious practice request for a religious accommodation.	est for a religious accommodation, are quested above may not be granted but accommodation that does not create an mpany Name] may need to obtain
Employee signature:	Date: